

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022652  
STATE FILE NUMBER

FILED JUL 9 1958 Registration District No. 226 Primary Registration District No. 4328 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MONROE CITY</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>MONROE CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>328 E. CLEVELAND</b>			Length of stay in 1b		STREET ADDRESS (If outside, give location) <b>328 E. CLEVELAND</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>AUBREY BERTRAM SPALDING</b>				4. DATE OF DEATH Month Day Year <b>JULY 1st 1958</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>AUGUST 28 1883</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <b>74</b> Months <b>11</b> Days <b>27</b> Hours <b></b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CITY MAIL CARRIER. (RET)</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>MONROE COUNTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>JAMES THOMAS SPALDING</b>			13b. MOTHER'S MAIDEN NAME <b>SARAH HART McLEOD</b>			14. NAME OF HUSBAND OR WIFE <b>MARY R. SPALDING</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>Mrs. J. E. Masters 7906 Calomil Dr.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b> DUE TO (b) <b>CEREBRAL THROMBOSIS</b> DUE TO (c) <b>Hypertensive Cardiovascular RENAL DISEASE</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>442X</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 DAYS</b> <b>8 DAYS</b> <b>15 YRS.</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>JAN - 1940</b> to <b>July 1 - 1958</b> and last saw her alive on <b>July 1 - 1958</b> Death occurred at <b>6:10 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Harold F. Eskin, D.O.</b>				22b. ADDRESS <b>Monroe City, Mo.</b>		22c. DATE SIGNED <b>July 5 - 1958</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JULY 5th 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>HOLYROSARY CEMETERY</b>		23d. LOCATION (City, town, or county) <b>MONROE CITY, MISSOURI.</b>	
24. FUNERAL DIRECTOR <b>Wilson &amp; Sons.</b>				25. DATE RECD. BY LOCAL REG. <b>7-5-1958</b>		26. REGISTRAR'S SIGNATURE <b>E. L. Robertson</b>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 23 1958

SEP 17 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*Lencia P. Hilroy*

Licensed Embalmer No. *3014*

P. O. Address *Memphis City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.